



Employment Application for
School Nurse Associate-Bilingual
Milwaukee Public Schools

Department of Employee Relations
City Hall, Room 706
200 East Wells Street
Milwaukee WI 53202-3554
414-286-3751
TTD 414-286-2960
<http://www.milwaukee.gov/der>

INSTRUCTIONS TO APPLICANT- Please:

1. Use a typewriter or print answers in black ink.
2. Answer all questions in unshaded area. Credit may not be given for incomplete information. Leave shaded areas blank.
3. Date and sign this page.
4. Print your Last Name in the left margin of the first page.
5. Keep a copy of completed application materials for your files.

<p>Last Name _____ First _____ Middle Initial _____</p> <p>Address _____ Apt. # _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Day phone: () - _____</p> <p>Evening phone: () - _____</p> <p>Email Address: _____</p> <p>Social Security Number _____ - _____ - _____</p>			<p>Do you currently live in the City of Milwaukee? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when did you become a resident? (month/year) _____</p> <p>NOTE: City employees must live in the City. Residency proof will be required at the time of hire or within six months.</p> <p>List any other names by which you have been known on official records: _____</p>																																																							
<p>Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																																										
<p>If under 18, how old are you? _____ years _____ months</p>																																																										
<p>Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:</p>																																																										
<p>List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for:</p>																																																										
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<p>If you or your spouse has any disability traceable to war service recognized and compensated as such by the United States Government or you are the unremarried spouse of a deceased veteran and you wish to receive credit, then you must submit documentary proof of the compensable disability with this application.</p>																																																										

EXAM# 06-007 LAST NAME

EMPLOYMENT INFORMATION

Are you legally authorized to work for <i>any</i> employer within the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No																													
There may be a possibility of employment with other organizations. If so, may we refer your name? <input type="checkbox"/> Yes <input type="checkbox"/> No																													
Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):																													
If you are <input type="checkbox"/> PRESENTLY or were <input type="checkbox"/> PREVIOUSLY employed by the City of Milwaukee, list the following:																													
<div style="display: flex; justify-content: space-between;"> POSITION TITLE: DEPARTMENT: PENSION NUMBER: FROM (MO./YR.): TO (MO./YR.): </div>																													
<p>If you have ever been convicted of an offense, including felonies, misdemeanors and ordinance violations, or have charges pending, other than minor traffic violations, list details below. If you list convictions, provide your birthdate on page 11. Your birthdate will be used for conviction verification only. Use separate sheet if necessary:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">CHARGE:</th> <th style="width: 10%;">DATE:</th> <th style="width: 20%;">LOCATION:</th> <th style="width: 20%;">COURT:</th> <th style="width: 20%;">DISPOSITION OF CASE:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					CHARGE:	DATE:	LOCATION:	COURT:	DISPOSITION OF CASE:																				
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<p>NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Convictions not reported may be cause for rejection or discharge.</p>																													

READ CAREFULLY BEFORE SIGNING

I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE: _____

DATE: _____

I. EDUCATION

Circle the highest grade completed in High School: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from High School? ☐ Yes ☐ No If Yes, Name and Location of High School _____

Have you passed a high school equivalency or G.E.D. Test? ☐ Yes ☐ No

Graduation from a State-approved practical nursing program is the minimum education requirement for this position. NOTE: A transcript of all relevant coursework and documentation of any job related certifications must be submitted with this questionnaire. Please provide information concerning your level of education, as requested in the sections below.

- A. Indicate whether you completed a diploma program or earned an Associate's Degree in practical nursing:

Practical Nursing Diploma ☐ Yes ☐ No

Name and Address of College/University/Program Sponsor

Month and Year of Graduation: _____

- B. List any other post-secondary degrees you have earned or are presently pursuing:

Degree _____ Month and Year Earned _____

Credits Earned Toward Degree _____ From (Mo./Yr.) _____ to (Mo./Yr.) _____

Major: _____ Minor: _____

Name and address of College or University attended:

- C. List any other nursing or health care related training programs, workshops, seminars, courses, or certification programs you have completed.

PROGRAM, COURSE OR SEMINAR TITLE	PROGRAM/COURSE SPONSOR	DATE ATTENDED	CREDITS (If Applicable)

II. PROFESSIONAL DESIGNATIONS/CERTIFICATIONS AND ACTIVITIES

- A. Are you currently a State of Wisconsin Licensed Practical Nurse (LPN)? Yes _____ No _____
If yes, list the following: Your LPN license number _____

Date Wisconsin LPN license was obtained _____

*** Please attach a copy of your LPN license.**

- B. List any other nursing related designations or certifications you hold (along with the applicable requested information; use "NA" if not applicable)

Certification/ Designation	License No.	Date/Year Obtained	State and/or Sponsoring Organization
_____	_____	_____	_____
_____	_____	_____	_____

- C. Do you currently hold a Cardiopulmonary Resuscitation (CPR) certification? ☐ Yes ☐ No

- D. List your past and present professional affiliation with organizations that are concerned with nursing, healthcare, or children.

NAME OF ORGANIZATION	LEVEL OF PARTICIPATION	LENGTH OF INVOLVEMENT OR MEMBERSHIP

III. CLINICAL TRAINING AND WORK EXPERIENCE

This position provides practical nursing care for assigned children in the school or home setting under the direction and supervision of a Health Coordinator.

In the sections below, please list your clinical training experience and other work experience related to this position. In listing your work experience, please begin with your current (or most recent) employer. If you held several positions with one employer, list each position separately. **If necessary, attach additional sheets using same format.**

A. Clinical Training Experience

Please indicate where you did your clinical training for the LPN designation or any other nursing related designation you hold or previously held? **(List each designation separately.)**

Type of Clinical Program: _____

Name and Address of Clinical Placement:

Check the description that best describes this placement:

Hospital _____ Nursing Home _____ Other (specify) _____

Date of Clinical Placement: From (mo./yr.) _____ To (mo./yr.) _____

B. Current (Most Recent) Employer

1. Title _____ From _____ To _____
(Mo./Yr.) (Mo./Yr.)

Full-time _____ or Part-time _____

2. Employer _____

3. Address _____

4. City _____ State _____ Zip Code _____

5. Supervisor's Name and Title: _____

6. List and describe the major duties (and responsibilities) you have performed in this position. Indicate the percentage of time spent in each area. *(Percentages should add up to 100%.)*

_____ % _____

_____ % _____

_____ % _____

_____ % _____

C. Previous Employer

1. Title _____ From _____ To _____
(Mo./Yr.) (Mo./Yr.)
Full-time _____ or Part-time _____
2. Employer _____
3. Address _____
4. City _____ State _____ Zip Code _____
5. Supervisor's Name and Title: _____
6. List and describe the major duties (and responsibilities) you have performed in this position. Indicate the percentage of time spent in each area. (*Percentages should add up to 100%.*)

_____ % _____

_____ % _____

_____ % _____

_____ % _____

IV. ASSESSMENT OF PRACTICAL EXPERIENCE

In the section below, please briefly describe your specific experience in the following areas:

Conducting health screenings, such as tracking height and weight, and doing blood pressure, hearing, and vision screenings:

Performing blood tests:

Performing first aid and child specific CPR:

Using proper body mechanics to do light lifting:

Performing healthcare follow-up with individuals, including documenting care and reporting notable changes in a client's/patient's medical condition:

Working with health files and records:

Using computers, including Microsoft Office software:

V. EXPERIENCE WITH CHILDREN

This position requires tact and the capacity to deal with situations that may involve human suffering and emergencies. It also requires the ability to work cooperatively in a team environment and to work sensitively with children, parents, and school staff. Please document your background in working with children below.

Work experience with children:

Employer: _____

Position/Title: _____

Period of Employment: _____

Employer's Address: _____

Supervisor's Name and Title: _____

Briefly describe your responsibilities and the duties you performed in this position: _____

_____**Volunteer experience with school age children:**

Organization: _____

Name of Volunteer Position: _____

Timeframe/Length of Volunteer Service: _____

Organization's Address: _____

Briefly describe your responsibilities and the duties you performed in this position: _____

VI. ADDITIONAL INFORMATION

Do not repeat responses already listed above. In the space below, list any other qualifications or experiences that may have prepared you or may further qualify you for the duties and responsibilities of this position.

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

_____ Yes

_____ No

If yes, what kind of accommodations will you need?

_____ A signer
_____ A reader
_____ Extra time
_____ Other (Please describe) _____

Comments:

SIGNATURE: _____ DATE: _____

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER AND VALUES AND ENCOURAGES DIVERSITY.

MILITARY SERVICE SUPPLEMENT TO CITY OF MILWAUKEE APPLICATION

APPLICANT'S NAME _____ DATE _____

ATTENTION: SPOUSES OF DECEASED OR DISABLED WARTIME VETERANS

Effective May 1, 1992, spouses of certain disabled wartime veterans and spouses of certain deceased veterans may be eligible to have extra points added to passing scores on open competitive examinations if they do not already have a regular appointment or reinstatement rights to a City position. If your spouse was in the U.S. Armed Services during the war periods listed at the bottom of this form, check the appropriate boxes and enter service dates. You must include with this application a photocopy of your spouse's discharge document(s) (e.g., DD214) showing (1) date of entry, (2) date of discharge, and (3) honorable service and/or a letter from the Veteran's Administration documenting that you are a qualifying spouse. **THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR SPOUSE'S DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS.** (Documentary proof of compensable disability must be submitted with this application in order to receive credit.)

Basis for Eligibility:

- ☐ I am the spouse of a disabled wartime veteran whose disability is at least 70% traceable to war service and recognized and compensated as such by the United States Government.
- ☐ I am the unremarried spouse of a veteran who died of a service-connected disability.
- ☐ I am the unremarried spouse of a veteran who was killed in action.

Spouse's Military Status:

- ☐ Enlisted, drafted or commissioned--active duty
- ☐ Enlisted or commissioned reserve or National Guard service--active duty for training only

Date Entered Active Duty: _____

Date Terminated Active Duty: _____

Has your spouse any disability traceable to war service recognized and compensated as such by the United States Government? ☐ YES ☐ NO**Spouse's Period of Service**

- ☐ August 27, 1940 - July 25, 1947
- ☐ June 27, 1950 - January 31, 1955
- ☐ August 5, 1964 - January 1, 1977
- ☐ Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined)
- ☐ Afghanistan War (September 11, 2001 to date to be determined)
- ☐ Called to active duty in 1961 by Executive Order No. 10957
- ☐ Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal

Date: _____

Location: _____

City of Milwaukee

Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

PLEASE PRINT OR TYPE

1. Name: _____
LAST
FIRST
MIDDLE

2. Position Applied for: **MPS – School Nurse Associate-Bilingual**

Recruiting information: How did you **FIRST** hear about this job opening? (Please check only one)

- A. ☐ Milwaukee Journal Sentinel
- B. ☐ Other Newspaper (please specify) _____
- C. ☐ City Hall Posting
- D. ☐ Library Posting
- E. ☐ Community Agency Posting (please specify) _____
- F. ☐ College or University Posting (please specify) _____
- G. ☐ From a City Employee
- H. ☐ From Someone who is NOT a City Employee
- I. ☐ Job Hotline Number (414-286-5555)
- J. ☐ Received Job Interest Postcard in mail
- K. ☐ Job Fair/Career Talk (please specify) _____
- L. ☐ TV (please specify station) _____
- M. ☐ Radio (please specify station) _____
- N. ☐ www.milwaukee.gov/der
- O. ☐ Other internet site (please specify) _____
- P. ☐ OTHER (please specify) _____

3. Sex (please check one): MALE _____ FEMALE _____

4. Race (please check one):

- ☐ Black/African American (not of Hispanic origin)
- ☐ Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
- ☐ White/Caucasian/European/North African/Middle Eastern
- ☐ Native American Indian/Alaskan Native
- ☐ Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)

5. List any languages, other than English, which you speak FLUENTLY: _____

6. If you have listed offenses (see page 2), provide birthdate _____. Your birthdate will be used for conviction verification only.

7. Certain Federal grant positions may require public housing development residency. Please complete the following if you are currently living in a City of Milwaukee public housing development.

I live in the _____ Housing Development.

The above-completed information is true to the best of my knowledge.

SIGNATURE: _____

DATE: _____